PTO/SB/21 (09-08)

September 22, 2003

Michikazu SAKURAI

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U.S. Patient and Trademark (Rize, U.S. DEPARTEMENT). U.S. Patient (Rize, U.S. DEPARTEMENT) Application Number Filing Date

First Named Inventor

TRANSMITTAL

FORM

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(to be used for all correspondence after initial filling)			Examiner N	ame	M. J. Fisher
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ENCLOSURES (Check all that apply)					
Fee Transmittal Form Fee Attached		rivert to a ppication ney, Revocation respondence Address Lalmer Refund		After Allowance Communication to To To Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name	MORRISON & FOERSTER LLP				
Signature	Clex Chestare				
Printed name	Alex Chartove				
Date	October 27, 2008			Reg. No.	31,942